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ABSTRACT

In response to a request from the Child Care Bureau of the Administration for Children and Families, the Board on Children, Youth, and Families convened two workshops in 1999-2000 to review current and emerging efforts to establish performance measures for early childhood programs. At each workshop, experts in child development, child care, early intervention, program evaluation, performance measurement, statistics, and public policy and administration examined lessons from performance measurement initiatives in other policy areas. Participants also considered criteria for developing performance measures for child care. This report highlights key issues and viewpoints that emerged from the workshop discussions. Following an introductory chapter defining child care, performance measures, benchmarks, and indicators, chapter 2 of the report provides an overview of the workshops, summarizing the key issues addressed, the themes that emerged from the discussions, and participants' ideas for next steps. Themes discussed include involving stakeholders, selecting outcomes, working with children with special needs, cultural diversity, and school-age child care. Chapter 3 provides lessons learned from the policy domains of child and maternal health, youth programs, and social services that have implemented performance measures. Chapter 4 provides capsule summaries of selected presentations that detailed experiences with performance measurement and indicators at national and state levels, including Head Start performance standards. The report's two appendices list the workshop agendas and participants. (Contains 27 references.) (KB)

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GETTING TO POSITIVE OUTCOMES FOR CHILDREN IN CHILD CARE

A SUMMARY OF TWO WORKSHOPS

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GETTING TO POSITIVE OUTCOMES FOR CHILDREN IN CHILD CARE

A SUMMARY OF TWO WORKSHOPS

Board on Children, Youth, and Families

Division of Behavioral and Social Sciences and Education

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Preface

In response to a request from the Child Care Bureau of the Administration for Children and Families of the U.S. Department of Health and Human Services, the Board on Children, Youth, and Families convened two workshops to review current and emerging efforts to establish performance measures for early childhood programs. At each workshop, experts in the fields of child development, child care, early intervention, program evaluation, performance measurement, statistics, and public policy and administration examined lessons learned from performance measurement initiatives in other policy areas, such as public health. They also considered criteria for developing performance measures for child care, including the range of content areas that such measures might encompass and the challenges associated with measuring the performance of a service sector, particularly those that relate to aspects of measurement, data availability, and data aggregation.

The first workshop, which was held on September 27-28, 1999, addressed the current status of national and state efforts to assess the performance of child care and early childhood education, as well as lessons learned from efforts to establish performance measures in other domains of public policy. The second workshop, which was held February 28-29, 2000, focused on the challenges inherent in establishing criteria for assessing the quality of child care programs and examined their implications for developing and implementing performance measures for the field. Discussion also centered on the content areas that research suggests should be included

in such measures and the hurdles in moving beyond conceptualizing performance measures to developing and implementing them. A major focus of the discussions was on improving the quality of child care for all children, not just those receiving subsidies. This report summarizes the proceedings from both workshops.

This report reflects the presentations and perspectives of the presenters and participants. It is not intended to be a comprehensive review of all the issues involved in assessing and measuring child care and early childhood services. Rather, it attempts to highlight key issues and viewpoints that emerged from the rich discussions that took place. The information distilled in this summary is drawn from the presentations of the speakers and the dialogue that ensued. Every effort has been made to accurately reflect the speakers' content and viewpoints, but the summary is not intended as a critical review of the research and program efforts described.

This report has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the Report Review Committee of the National Research Council. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making the published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process.

We thank the following individuals for their participation in the review of this report: Ann Collins, National Center for Children in Poverty, School of Public Health, Columbia University; Aletha C. Huston, Department of Human Ecology, University of Texas, Austin; and Heather Weiss, Harvard Family Research Project, Harvard University.

Although the reviewers listed above have provided many constructive comments and suggestions, they were not asked to endorse the conclusions or recommendations nor did they see the final draft of the report before its release. The review of this report was overseen by Ruth T. Gross, professor of pediatrics, Stanford University (emerita). Appointed by the National Research Council, she was responsible for making certain that an independent examination of this report was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this report rests entirely with the authoring panel and the institution.

The Board on Children, Youth, and Families thanks all who partici-

pated in the workshops on child care performance measures and shared their expertise through stimulating discussions. In particular, the Board is grateful to the Child Care Bureau of the Administration on Children and Families, which sponsored the workshop. In addition, we gratefully acknowledge the assistance of Stacie Goffin in both the workshops and the development of this publication. Thanks go also to the board staff who organized the workshops and helped to prepare this volume: Yonette Thomas oversaw the planning and undertaking of the workshops and was a guiding force in developing this publication; Karen Autry coordinated meeting logistics; Mary Graham and consultant Cheryl Greenhouse provided valuable editorial coordination and assistance.

Michele D. Kipke, *Director*
Board on Children, Youth, and Families

1

Introduction

Every day, millions of infants, toddlers, and preschoolers leave home to spend part or most of their day in some type of child care setting. According to *Healthy Child Care America: Blueprint for Action*, the percentage of children, up to age five, who were enrolled in child care soared from 30 percent in 1970 to 70 percent in 1993 (U.S. Department of Health and Human Services, 1996). In 1999, the National Household Education Survey, which asked all families about nonparental child care, reported that 61 percent of children under four were in regularly scheduled child care, including 44 percent of infants under one year, 53 percent of one-year-olds, and 57 percent of two-year-olds (National Research Council and Institute of Medicine, 2000).

Many observers believe the nation is at a turning point in its thinking about the care and early education of young children. First, an explosion of knowledge from the neurosciences and the behavioral and social sciences has documented the remarkable pace of development and accomplishments of the early childhood period, and the critical importance of early relationships and nurturing environments in helping children realize their full potential.

Second, child care has become a fact of life for American families at all income levels. Today, many young children are cared for in a number and variety of out-of-home environments. Trends for parental employment suggest that early reliance on child care in both informal (by relatives or friends)

and formal (licensed day care family homes and center-based settings) care is likely to grow (National Research Council and Institute of Medicine, 2000).

Third, the use of public funds for early childhood care and education, as well as concerns about preparing young children to enter school ready to learn, have prompted demands for objective and quantifiable information on such programs and growing concern about the effects of early care and education on children's development (e.g., The Government Performance and Results Act of 1993, the National Education Goals Panel of 1998, Head Start Performance Standards and Measures). Child care also figures in other policy debates, such as welfare reform and the requirements of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

As a result of the heightened public and political attention and the movement toward standards and accountability, performance measurement has emerged as an important concern in the early childhood care and education field. At the request of the Department of Health and Human Services' Administration for Children and Families, the Board on Children, Youth, and Families convened two workshops to learn from existing efforts to develop performance measures for early childhood care and education, to consider what would be involved in developing and implementing an effective performance measurement system for this field, and to delineate some critical next steps for moving such an effort forward.

Of necessity, this report captures only some of the range and richness of the four days of discussion. The report is organized in three sections. Chapter 2 provides an overview of the workshops, summarizing the key issues addressed, the themes that emerged from discussions, and participants' ideas for next steps. Chapter 3 provides lessons learned from other policy domains that have implemented performance measures. Chapter 4 provides capsule summaries of selected presentations that detailed specific experiences with performance measurement and indicators at national and state levels. (Also see *Assessment of Performance Measures for Public Health, Substance Abuse and Mental Health*, National Research Council, 1997.) An appendix includes workshop agendas and participant lists.

Throughout the report, the terms "child care" and "early childhood programs" are used to encompass the variety of services provided, including care and early education (see Box 1-1). The term "early childhood field" includes child development experts, child care providers, early childhood

educators, and advocates for children. Definitions of terms related to performance measures used in the report appear in Box 1-2.

This report reflects some of the key issues and tensions that are inherent in efforts to develop performance measures and improve the quality of child care. Many other issues important to policy and practice are not covered here and deserve ongoing consideration and examination. The Board on Children, Youth, and Families hopes the workshops and this summary will serve as a stimulus to all those working to meet the needs of children who are in the care of others.

BOX 1-1
What Is Child Care?

Historically, child care traces its roots in two traditions: social welfare and early childhood education. Programs such as charitable day nurseries served poor and dependent children and those of working parents, providing primarily custodial or protective services. Middle-class parents seeking academic and social enrichment for their children initiated nursery schools and kindergartens that offered comprehensive services focused on cognitive and social development.

During World War II, labor needs required the services of women, and the number of working mothers with children under age six grew dramatically. Both the federal government and some industries provided support for day care centers in war-disrupted areas. Such support ended after the war, but many mothers with preschool children continued to work outside the home (Cahan, 1989).

In the wake of broad social, cultural, and economic changes beginning in the 1960s, more women with children joined the work force—out of choice or necessity—with significant implications for the care of children. Many working parents care for children themselves or rely on grandparents and other relatives, nannies, and babysitters to provide care at home. Others have turned to settings outside the home including day care centers (both profit and nonprofit); family day care and group homes; public and private nursery schools, employer-provided care, prekindergartens, and kindergartens, operated as part- or full-day school programs; and before- and after-school programs.

Box continued on next page

BOX 1-1 *continued*

While parents and relatives continue to provide vast amounts of child care, there has been a rapid growth in the reliance on paid care by nonrelatives, on center-based settings, and on public subsidies for child care. In 1965, the United States instituted a federally sponsored program, known as Head Start, intended to provide care for the "whole child"—physical health as well as cognitive, social, and emotional development. The Child Care and Development Block Grant (CCDBG) provides funds for low-income families and to help states provide child care (National Research Council and Institute of Medicine, 1995). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 established the Child Care and Development Fund (CCDF) to assist working low-income families to achieve and maintain economic self-sufficiency. Currently, child care funding is now administered under the Child Care and Development Block Grant Act rules, including CCDF.

Today, child care increasingly is seen to provide a range of services, including nurturance and learning opportunities for children, preparation for school, support for working parents, and reduction of poverty and access to supplemental services. Although many of these purposes are complementary, distinctions between child care as a developmental program or as a service for working parents continue to influence policy debates. The early childhood field has developed in this mixed tradition, which some observers have described as a "two-tiered system" that hampers planning, coordination, and advocacy (Cahan, 1989; National Research Council, 1990). While divisions may be easing, they are still apparent with respect to issues of quality in publicly supported programs. For example, 25 percent of all new funds for Head Start are set aside for quality improvements, while only 4 percent of funds for the Child Care and Development Fund are earmarked for quality improvements (National Research Council and Institute of Medicine, 2000). The discussions at the workshops reflected some of these issues and tensions about the goals and performance of child care and appropriate measurement approaches.

BOX 1-2
What Do We Mean by Performance Measures, Benchmarks, Indicators, and Other Terms?

As noted throughout the workshop, the term "performance measures," and other terms such as "indicators" and "outcomes," are used in various contexts and definitions vary. Lack of agreement across the country on terms such as outcomes, measures, indicators, and benchmark make discussions unwieldy and somewhat frustrating. Definitional issues are important and complex, and the workshop addressed but could not resolve these. This report generally uses the following definitions for terms:

Performance Measure:	a quantitative indicator that can be used to track progress toward an objective, i.e., to detect changes over time and difference in change across programs
Goal:	a statement of what is to be achieved
Objective:	a specific level of measurable attainment between two points in time
Outcome:	change (or lack of change) in behavior or knowledge related to an intervention
Indicator:	a tool to measure, or indicate, progress toward achieving a measurable outcome

SOURCE: Adapted from *An Assessment of Performance Measures for Public Health, Substance Abuse, and Mental Health*, Committee on National Statistics (National Research Council, 1997)

2

Overview of the Workshops

The workshops provided a forum for cross-fertilization of ideas and experience from differing vantage points, including those of experts in early childhood development and education; researchers; federal, state, and community officials engaged in making or implementing policy, including those in regulation and licensure; and early childhood care and education professionals. An overarching theme of the workshop was the need to move toward greater consensus on what should be measured, how it should be measured, and how the resulting performance data should be used in shaping policies and practices. Workshop participants emphasized the need for the voices and views of the early childhood field to be heard as performance measures are rapidly taking hold. As concerns about accountability for use of public funds in early childhood programs have increased, a variety of objectives and assessment strategies have emerged such as those for school readiness. And, under welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193, 1996), other sets of performance indicators, including some for child care, have emerged.

This overview summarizes the key themes that emerged from the two workshops. First, it discusses the context in which performance measures are being defined and used and the challenges and tensions in the field about measurement and assessment. Next, it summarizes the general process for developing a performance measurement system, with examples of innovative state efforts highlighted in boxes throughout this section. Some

of the specific concerns about assessing young children and the use of child outcomes as a measure for child care and education programs are then discussed. The overview also draws on experiences in assessing programs for children with special needs as well as the issue of cultural sensitivity in assessing child care programs. This is followed by examples of research on child care that relates to performance measures and issues of quality. The overview concludes with participants' ideas for next steps that could be taken to develop a useful system of performance measures.

CONTEXT AND CHALLENGES

As a first step, distinctions were drawn between performance measurement and program evaluation. While they are related, they are not identical processes, said Clara Pratt, Oregon State University. *Performance measurement* seeks to show the extent to which planned activities, outputs, and outcomes were achieved. *Program evaluation* and *research*, on the other hand, seek to establish causality and show that outcomes are the direct result of an intervention. Research is critical for identifying the probable causal relationships between teacher practices and children's learning and development, for example. Once research has established such linkages, then performance measures can track activities and outcomes achieved. Performance measurement needs to be informed by research (Pratt et al., 1999). In general, participants viewed performance measurement as part of the larger goal of improving the quality of care for young children. Standards for accreditation developed by professional groups contribute to the drive for quality as well, but they are purely voluntary. In addition, states use licensing and regulation to assure a level of quality, but participants noted that licensing generally represents minimum standards, although states vary in the stringency of their regulations, inspection, and enforcement (see Box 2-1).

Because there is no overall system of child care, the workshop necessarily focused on specific parts of the child care universe as a starting point, extrapolating lessons from experience with programs such as Head Start, center-based programs, and licensed family day care homes. Clearly these programs involve only a small proportion of children in care, with many more in informal child care by relatives, friends, and neighbors. (For a discussion of the District of Columbia's efforts to reach informal child care settings, see Box 2-2.) Some felt that focusing on measuring one component of the child care world, for example, publicly subsidized programs,

BOX 2-1
North Carolina and Quality Child Care

Workshop participant Stephanie Fanjul explained that North Carolina has an integrated and comprehensive system with both funds and regulatory functions for child care programs located within one office, the North Carolina Division of Child Development (NCDCD). In North Carolina almost all child care programs are licensed and regulated. Part of this success is due to the fact that NCDCD has created several initiatives for increasing quality without passing on additional expenses to parents.

One such initiative is the NCDCD's Teach program. The program rewards early childhood educators if they obtain additional education. Scholarships are provided and once participants are enrolled in the continuing education program, they receive a bonus. The initiative has been extended further with the state's Wages program. In the Wages program child care providers, teachers, and directors are rewarded significantly for staying in their jobs with a wage stipend that can be as much as $3,000 per year. In addition, another indirect subsidy program, the North Carolina Cares Project, pays for health insurance for child care workers. These programs increase quality by providing security for the work force.

These initiatives require significant planning. Programs have to give their employees the time to complete additional education and to promise and deliver certain bonuses as employees move up the ladder. The initiatives seem to be working very well in urban areas, she reported; when programs fully implement the initiatives, employees stay longer. And programs are reimbursed at a higher rate by the state because they qualify for a higher rating. In poor, rural communities the program has been less successful because of lack of access to education and a lower wage structure. State officials are implementing new ways to work with rural areas to help these efforts take hold. (For more information, please contact <www.dhhs.state.nc.us/dcd>.)

can lay the groundwork for broader measures that can be used in other settings. Others noted that the lack of standards as a whole for child care posed obstacles not faced in programs such as Head Start, which has a clear set of standards as well as a clear funding stream. (See Chapter 4 for a discussion of Head Start and Early Head Start.)

BOX 2-2
Quality Initiatives in the District of Columbia

The District of Columbia initiated three approaches to improve quality in child care programs. One is aimed at reaching relatives who provide child care services, another focuses on family child care, and a third on early intervention programs.

In 1998, the city started an outreach program to monitor child care providers, according to Barbara Kamara, of the District of Columbia Office of Early Childhood Development. For in-home and relative child care providers, the program for informal care providers consists of a monthly networking-group meeting of these providers, a bimonthly newsletter, and home visits every other month. The city monitors licensed family child care providers through a partnership with the public library system, in which a specially assigned librarian visits 20 licensed family child care homes on a monthly basis for a year. During the visits, the librarian focuses on how to organize the home environment, on use of educational and library resources, and on providing referral services for children and families. The librarian also supplies the child care providers with a newsletter developed by the library.

The librarian also arranges visits to the neighborhood library for the providers and the children in their care, where activities are provided for the children while the care providers receive training in different teaching techniques. In addition to this training, a 24-hour training hotline is available for providers who would like some help but are not able to go to a library.

For the early intervention program, a monitoring team makes yearly site visits. The team consists of early intervention program staff, members of the interagency coordinating council on early intervention services, and parents of children who are receiving the services. Providers are notified a month in advance of a site visit. During the visit, the review team monitors every aspect of the program—operations, development, and proper implementation of individual family service plans. They also check building procedures and fair or "last-resort" safeguards. (For more information please contact <www.washingtondc.gov/mayor/safe_passages/child_ready_learn.htm>.)

STEPS TOWARD DEVELOPING PERFORMANCE MEASURES

Determining the expectations for child care requires input from a broad range of groups, including parents, providers, researchers, early childhood experts, and community representatives. Participants noted that child care was inherently value-laden work and that goals for performance measurement must consider parental choice, family involvement, and cultural diversity. At the workshop, a number of presenters described experiences with developing performance measures at the national, state, and local levels. Each of these involves different stakeholders who seek different levels of information, and each has its own set of definitional and measurement issues. (Chapter 4 summarizes examples presented at the workshop of initiatives at these different levels.) In brief, developing a performance measurement system could include the following steps:

- Canvassing stakeholders on goals and baseline expectations for child care that meet parent and community expectations.
- Selecting outcomes and outputs, both process and child-related.
- Developing or selecting instruments that are valid and reliable.
- Developing procedures that are efficient and realistic in cost.
- Deciding on the level of aggregation of data.
- Determining how programs and children will be sampled.
- Analyzing and interpreting the data.
- Providing reports to stakeholders and obtaining their feedback.

Because the policy environment can change, many participants felt that it is critical to design flexible and responsive systems of performance measurement. This heightens the likelihood that the results will be useful for several goals including accountability, program and system improvement, and continuing support and funding for enhancing quality in early childhood programs.

INVOLVING STAKEHOLDERS

Several states represented at the workshops, including Maine and Oregon, have involved stakeholders throughout the process, from goal development through the creation of performance measures. Workshop participant Bruce Clary, of the Muskie School of Public Policy at the University of

Southern Maine, said that in making decisions about a system of standards and measures, his state found that it needed to consider a wide array of perspectives. In Maine, the group of stakeholders included legislators, consumers, and nonprofit providers. Clary said that the inclusion of stakeholders in the process was crucial to helping researchers define what needed to be measured and whether the standards being developed were valid. Also because so many stakeholders were included, measures from varied domains were included in its set of indicators (Clary et al., 1999).

In Oregon a similar approach was used, but most of the discussions and work toward developing standards were performed at the community and program levels and communicated to state level officials. Workshop participant Bobbie Weber, of Linn-Benton Community College, said this was unusual, since many states tend to focus on a top-down strategy, where state officials form the guidelines and communicate those standards to cities, towns, communities, and programs. Weber said Oregon's approach worked well because communities could determine which goals were meaningful to them and make decisions about which standards were most appropriate in their area. (For more information, contact the Oregon Child Care Research Partnership at <www.lbcc.cc.or.us/familyresources>.)

Other states have drawn upon public opinion surveys to help develop measures. In Nebraska, for example, the Gallup Organization conducted a survey for the Nebraska Children and Families Foundation to establish a baseline of Nebraskans' attitudes toward children and youth that could be measured repeatedly over time. The intention is to repeat the survey every few years to promote public engagement and discussion. This instrument helped Nebraska's public officials learn about the concerns of their constituents regarding how children are treated and cared for in the state as background for developing standards (Raikes et al., 1999).

The Massachusetts Department of Education chose to focus on the views of parents in examining its programs. As Jason Sachs of the Massachusetts Department of Education put it, programs are relatively flexible: changes in ratios, group sizes, and staff educational requirements, to name a few, are all possible.

The department surveyed parents on use patterns and preferences to help providers in the state develop programs that meet the needs of both parents and children. The department also asked parents about such issues as how many times their child had changed programs in a given year and whether, given unlimited resources, they would rather stay home with their children or send them to a child care center. The survey also asked if those

who currently had children enrolled in a child care center would prefer to have them in the public schools or in a Head Start program (Sachs et al., 1999).

SELECTING OUTCOMES

The question of which outcomes should be measured generated lively debate. Measures can gauge structural features such as staff-child ratios, space, teacher education; outputs such as the number of licensed care centers, the number of child care slots, turnover rates; and outcomes such as child development, health status of children, and meeting family needs. On the one hand, many participants strongly felt that child outcomes should be paramount. Others voiced concerns about the risks of that approach and the difficulty of ascribing outcomes to the care provided. Given the powerful influences on children at home, in their neighborhoods, and in the varying settings in which they receive care, what is the role of child outcome measures? What should be measured in children, in what way, over what time period, and how can measures account for all the other influences on children? (See, for example, Kagan et al., 1997.) Participants differed in their views about whether and how to hold programs accountable for achieving desired results for children (see Box 2-3).

A Child Outcomes Perspective

Workshop presenter John Love, of Mathematica Policy Research Institute and a lead researcher on the national evaluation of the Early Head Start program, raised a number of questions to be addressed in considering a system that encompasses not only process measures but also child outcomes: ••

- What outcomes do child care programs hope to achieve? What are the expectations?
- Are these outcomes reasonable and realistic?
- Can these outcomes be measured?
- What procedures or systems are needed to make this happen?
- How will the results be used?
- What are the dangers?

BOX 2-3
Desired Results for Children in California

At the time the workshops were held, California was pilot testing an integrated system for implementing standards, monitoring, and technical assistance for early childhood care and education. All the state's subsidized center-based programs and family child care home networks are covered by the system, which also includes alternative payment programs that help families obtain subsidized care.

Deborah Montgomery, American Institutes for Research, said that the state used Head Start standards supplemented with measures for turnover, continuity of care, and compensation. California's desired results for children include the following: they are personally and socially confident; they are effective learners; they show physical and motor confidence; and they are kept safe and healthy. California's program also established desired results for families, including support for their children's learning and development and achievement of their specific family goals. The state believes that these simple statements encourage broad "ownership" of the system being developed. At the program level, the state will be adopting the use of environmental rating scales, such as the Early Childhood Environment Rating Scale (ECERS).

Programs are not being held responsible for the achievement of desired results by children, Montgomery said. But they are responsible for implementing new program standards, and that is where accountability will be measured. Programs will also be responsible for monitoring a child's progress toward desired results, and ensuring that a particular child's individual plan for learning has been based on data about that child. California plans to ask programs to conduct an annual self-review. That review would be coupled with the state's assessment of the program using ECERS and other environmental rating scales, and parent surveys that are administered by the programs. Over time, the state would be able to better target specific programs for technical assistance to improve quality. (For more information, please contact <www.air-dc.org>or <" www.cde.ca.gov/cyfsbranch/child_development/> .)

Love said a review of the literature shows that the bulk of outcomes measures for child care are in the social/emotional domain. (This is in contrast to cognitive measures often associated with evaluations of preschool.) Some common measures include optimal peer interaction, positive social development, positive affect, advanced social skills, and more complex play behaviors. For example, in Hawaii, children should be well taken care of while they thrive physically and develop positive relationships, age-appropriate knowledge, an appreciation for diversity, and receptive language. In Florida, children should be able to comply with rules, cope with challenges, express needs, and develop problem solving and verbal communication skills (Love et al., 1996). (For more information, contact <www.mathematica-mpr.com>.)

In Vermont, efforts focused on looking at broad outcomes for children and families, according to Cheryl Mitchell, Deputy Secretary for the state's Human Services Agency. The state went through a process of involving its local communities in developing indicators. One longstanding indicator is the availability of quality child care. As is the case in many states, Vermont found great variability, with programs of very good quality focused on meeting the needs of families and children, and other communities where even minimal quality of care was lacking. So Vermont has set equity of access to quality as a major outcome. Mitchell also pointed out that the state's efforts on performance measures became a way of helping to link resources to achieving quality. She acknowledged the role of the Head Start performance standards and the accreditation program of the National Association for the Education of Young Children (NAEYC) as examples that helped inform state legislators about the link between funding and quality. (For more information, contact <www.ahs.state.vt.us/>.)

Assessing Young Children

In its report, *Principles and Recommendations for Early Childhood Assessments,* the National Education Goals Panel (1998) emphasized that gathering accurate information about young children is difficult and potentially stressful to them. Formal assessments may also be costly and take resources that could otherwise be spent directly on programs and services for young children. Given these concerns, it is extremely important that there be a clear benefit to children and the quality of the care they receive.

The Panel set forth several principles for assessing young children. Effective assessments are those that are tailored to a specific purpose and are

reliable, valid, and fair for that purpose. Assessments designed for one purpose are not necessarily valid if used for other purposes. For example, assessments designed for instructional planning may not have sufficient validity and technical accuracy to support decisions such as placing children in a special kindergarten designated for at-risk children. Misunderstanding of such issues has led to misuses of testing that concern many in the early childhood development field. Assessments of young children are also best when they address the full range of early learning and development, including physical well-being and motor development; social and emotional development; approaches toward learning, language development, and cognition; and general knowledge. Both the measures chosen and the data collection strategies employed should vary for children of different ages. Assessment policies that recognize that reliability and validity of assessments increase with children's age often yield the most realistic results (National Education Goals Panel, 1998).

CHILDREN WITH SPECIAL NEEDS

The workshops also discussed the needs of working families with young children who have disabilities. Research has shown that simply placing children with physical, mental, or emotional disabilities in programs with other children will not necessarily promote their developmental gains. Successful inclusion requires continued commitment, planning, and collaboration.

One key factor is provision of training, technical assistance, and support to staff. Unfortunately, ongoing training and consultative support for child care providers in approaches to meeting the diverse needs of children—particularly children with disabilities—is not always readily available. While curricula and training models for the inclusion of children with disabilities in child care have been available for a number of years, few states have systematically attempted to institute specialty training tied to a state system of career development or licensure.

The Map to Inclusive Child Care Project, funded by the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, aims to help states increase their capacity to serve children with disabilities within accessible, affordable child care programs. States chosen to participate in the Maps project are required to assemble a state team of at least 15 stakeholders that includes families of children with disabilities, child care providers, child care state administrators, Head Start representatives, and early intervention and preschool spe-

cial education representatives. This team is assisted in developing a vision for inclusive child care specific to its state. The state teams also participate in a national institute to help increase the capacity of child care providers to accommodate children with disabilities by influencing funding, policy, and training.

In meeting the needs of children with disabilities, workshop participant Lynette Aytch, of the Frank Porter Graham Center at the University of North Carolina, said it is important to focus efforts not only on the child but also on his or her family. The major challenge in determining quality practices for children with special needs is that it includes a very broad range of settings and services. For example, a child with disabilities can be in a community child care setting. But in that setting, the child may receive some specialized services. The child's family may receive support services. Some of those services may be received at the center, some may take place in a home setting, and some may take place in a clinical setting.

Further complicating matters, each of these services may have individual goals that may not be integrated. Children will bring a variety of needs and strengths to a particular program, which can range from physical interventions and language instruction to social and emotional problems. Families will also have a multitude of issues that they may bring and for which they may need support services.

Aytch said that many features of high-quality practice are subjective. Many families of young children with disabilities defined quality as a caring provider who is willing to help the family meet its particular needs. So a key value in early intervention for children with disabilities is the centrality of families. That means that what happens in a particular interaction between a service provider and a child must be carried over to the family situation, because the parents have to play a pivotal role in sustaining any positive outcomes and effects of early intervention. Another important value is that parents are, to the extent that they desire, the primary decision makers. Programs should support mentoring that helps families take on more of a leadership role in services.

Aytch also found that families value the coordination of services so that they have easy access for children, and there is collaboration between all of the agencies that are involved. She also said that services should be individualized to address the specific needs of children and families; that models of intervention should be focused on needs and strengths; and that therapies and interventions should be integrated with typical routines and activities (Aytch et al., 1999).

CULTURAL DIVERSITY

An important theme throughout the workshop was the need for sensitivity to cultural diversity in child care and in measures to assess programs. This includes diversity along a continuum—children's unique needs, their cultural and ethnic background, and the values their families seek in a child care setting. Asa Hilliard, of the Department of Education Policy Studies at Georgia State University, encouraged the child care community to broaden its attention to culture beyond simply tallying the numbers of minority children enrolled in programs. Hilliard called for greater flexibility in establishing performance measures for programs that serve children from a wide variety of cultural backgrounds and cautioned against the notion of "one size fits all." He said that any assessments that are developed should have built-in sensitivities to language differences and recognize that measures of what is developmentally appropriate may differ according to a child's culture. Hilliard noted that it is going to take much more work and effort to develop assessment principles that adequately reflect cultural considerations. While specified benchmarks are useful for accountability, if viewed too narrowly, they may be interpreted as prerequisites to successful practice. Hilliard gave an example of a school with a minority enrollment that failed to gain accreditation because the teaching was determined to be developmentally inappropriate—the school was seen as hurrying the children. He noted that, despite good student performance and parent satisfaction, the accreditation team's rigid interpretation led to a cultural mismatch in applying criteria.

Hilliard also urged a focus on the issue of disproportionate numbers of minority students in special education, specifically in categories such as learning disabilities or language impairment. With respect to the latter, does the criteria for inclusion refer to articulation problems stemming from a physical or neurological disability, or diversity in articulation—that is, a possible mismatch in the language of assessment and the language of the child and his or her family? The need is to better understand the cultural nature of the assessment process to produce more equitable outcomes for children.

SCHOOL-AGED CHILDREN

Currently, very few early childhood centers take a long-term view of children once they finish the early childhood program and begin school, although a number of early childhood centers also run school-age child

care programs. Michelle Seligson, of the Center for Research on Women at Wellesley College, noted that in the last three decades, the increase in the number of working mothers has raised interest in and demand for after-school programs. Teachers and school administrators are turning to after-school programs as another opportunity for teaching children and youth and engaging them in positive activities. Others see both early childhood and after-school programs as potential crime-prevention strategies. And social service providers view after-school programs as an opportunity to assist in welfare reform efforts by caring for children so that parents can work.

A diverse group of providers, many of whom are entrepreneurs, operate thousands of after-school programs that are funded largely by parents and a new funding source—the 21st Century Community Learning Center Grants (U.S. Department of Education, 2000). Researchers have begun to describe the quality of after-school programs, professional development of staff, and the kind of environment qualified and well-trained staff can create for children and youth. National standards have become the basis for a national accreditation program for after-school programs, run by the National School Age Care Alliance. These standards are based on an instrument developed at Wellesley College, called Assessing School Age Program Quality (Seligson, 1997).

Although there is still no agreement on what outcomes are expected for children who attend after-school programs, researchers are finding that these programs are having positive effects on children and youth. Reviews, such as the American Youth Policy Forum's 1998 report, *Some Things Do Make A Difference for Youth*, show that youngsters in good after-school programs do better in school, feel better about themselves, and have better social skills (James, 1997). Researchers at the University of Wisconsin have isolated positive interactions with adult staff as key to positive child outcomes. Flexible programs with varied activities make a difference as well, as does the number of times a child attends a program (Seligson, 1997).

RESEARCH ON CHILD CARE AND PERFORMANCE MEASURES

In the past decade, experts in early childhood development have gained a better understanding of the dimensions of quality of care and ways in which to measure it.

Longitudinal studies have found that children who have been in a

higher quality program have been less distractible, more task-oriented, more considerate, happier, less shy, more socially competent, friendlier, and less aggressive when they start school than their peers who attended lower quality child care programs (Love et al., 1996). The National Institute of Child Health and Human Development's Study of Early Child Care and Youth Development has been key in providing research data on the relationships between children's experiences in child care and their development that is useful in the effort to measure programs (National Research Council and Institute of Medicine, 2000; National Institute of Child Health and Human Development, 2000).

Economics and Child Care

David Blau of the University of North Carolina, Chapel Hill, described his study of the economics of child care as it relates to policy. His research employed the Early Childhood Environment Rating Scale (ECERS), which measures the quality of child care centers on a scale of 1—inadequate level of care—to 7—excellent care (Harms and Clifford, 1980). According to Blau, good ECERS scores are associated with good developmental outcomes, and thus offer a more direct reflection of quality than standards that measure only group size or teacher training. To use ECERS scores effectively as a measure of quality, however, consumers must be willing to purchase child care that scores well on that measure. Producers must be willing to provide child care by following standards as measured by the instrument.

Blau further indicated that, in using this type of approach to determine quality, policy makers could decide to encourage consumers to demand and producers to supply high-quality care by issuing targeted subsidies for child care. A targeted subsidy is an allowance from the government that can be used only for child care that meets high-quality standards, such as those that surpass a target ECERS score. Under such an approach, government would help defray the cost of child care if quality child care is purchased. This tells providers that they will be eligible to serve subsidized consumers if they provide high-quality care as measured by ECERS.

Blau also noted that, although this is not an easy policy to implement, it could be more effective in accomplishing the goal of improving the quality of child care. Untargeted subsidies, for example, which can be used virtually for any arrangement, will work only if consumers have a strong willingness to pay for high-quality child care. However, according to Blau's

research, parents do not appear to be willing to use general subsidies to pay for improved quality of care. Targeted subsidies, on the other hand, might provide the kind of financial incentive to use high-quality care.

Cost, Quality, and Outcomes Study

Richard Clifford of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, described the Cost, Quality, and Outcomes Study, begun in 1993. The first phase involved more than 400 child care centers in Los Angeles County, California, Front Range, Colorado, Hartford-New Haven, Connecticut, and the Triad Area, North Carolina. In phase two, researchers selected 183 classes with pre-K children and 826 children going to kindergarten in 1994, and followed these children through the second grade. Researchers used ECERS to understand quality scores of child care centers in relation to a variety of environmental factors and child development outcomes.

Study results at the time of the workshop indicate that the quality of child care was an important element in having children prepared for school and in doing well as they began primary school. The beneficial developmental effect of child care quality appeared to continue well into school through the end of second grade. Moreover, researchers found that children whose mothers had low levels of education benefited more from high-quality child care than other children. In addition, children enrolled in programs with high ECERS ratings scored higher on measures of cognitive and social development even after taking into account differences in background factors known to be related to children's development. The study also found that children preferred programs that were rated higher in quality over those rated lower (Peisner-Feinberg et al., 1999).

Regulation and Licensing

The workshop also looked at the implication of regulations and licensing for the development of performance measures (see Box 2-4). Rebecca Kilburn of the RAND Corporation described a research study conducted for the National Institutes of Health that is collecting state-level child care regulations in a number of different areas, going back to 1985. Among the research questions are: How much variation exists across states in regulations for child care and early childhood programs? What characteristics of states predict how strictly they regulate care? How stringent are child care

BOX 2-4
Arkansas Better Chance Fund

In 1992, Arkansas established its Arkansas Better Chance Fund, which was responsible for distributing funds for early childhood programs. At that time, continued funding was tied not only to compliance with the state's rules, regulations, and licensing procedures, but also to scores on environmental rating scales appropriate for the early childhood age group. To help monitor the programs, the state enlisted the help of a training and assistance organization that had been working for several years with the Head Start program. The process brought together a group of 30 to 50 professionals including deans of education, school principals, and Head Start directors to help with monitoring.

In 1995, the state legislature implemented a state accreditation procedure, which mandated that the State Board of Education approve early childhood programs as being developmentally or educationally appropriate for young children. At the same time, the state approved a tax credit for parents who chose to use higher quality care and legislation was introduced that gave employers tax credits for offering child care that met state accreditation standards.

At the time of the workshops, only 10 percent of licensed and registered child care centers in Arkansas met state accreditation standards, said Kathy Stegall of the Arkansas Division of Child Care and Early Education. The state had set its benchmark at increasing the number of accredited child care centers by 10 percent to 15 percent per year over the next several years. The state had also begun training child care licensing staff in the use of environmental rating scales so that they can provide better assistance to programs. Although the state intends to maintain its cadre of professional evaluators, the new training effort gives the licensing staff an opportunity to recognize and identify high-quality programs, to encourage those programs to make an application for state accreditation, and to continue to raise the quality bar so that programs continue to improve. (For more information, please contact <www.state.ar.us/childcare/>.)

regulations? Do regulations relate to some market features and outcomes such as price of care? Do regulations affect the availability of child care slots? Do families use more child care because they're more confident about safety and quality or less child care because regulations may have raised the price of care?

Findings at the time of the workshop indicated that there are two broad categories for regulation of child care: health and safety, and instruction. As examples of variation, Kilburn pointed to regulations for child-to-staff ratios for two-year-olds. In 1997, the study found a median ratio of eight children to one staff person, but the range went from a low of four children to one staff person, to a maximum of twelve children to one staff person. Another example of variation is in use of criminal background checks. The study found that 42 states conduct background checks for early childhood center employees, and 40 states conduct background checks for family day-care homes.

Most regulations generally apply to licensed providers. But there is variation in exemptions from the regulations. In general, states exempt what are considered small family day care homes, but there is no consensus on the definition of "small." In four states, small means fewer than six children. Five other states define small as fewer than five children. And in ten other states, small is defined as fewer than four children.

How do regulations affect the market? Not surprisingly, regulations that require, for example, fewer children per provider or education requirements for staff, tend to raise the price of child care. Kilburn noted that evidence indicates that the more expensive the care, the more likely people are to turn to unregulated care, undermining the goal of quality care for all children.

Kilburn reviewed some weaknesses in current regulatory practices. Exemption issues are particularly important. Care by relatives, for example, would be exempt as well as care provided by religious institutions in some states. The adequacy of resources for enforcement and inspection is another important issue. Finally, as noted throughout the workshop, the influences of parents on children are paramount, and regulations cannot impinge on parenting practices.

In the discussion following, participants noted that licensing generally represents minimum standards, even though states vary in the stringency of their regulations. But if the concern is measuring child outcomes, then the level must be above that. And if more stringent regulations move some families out of the regulated system, shouldn't the emphasis be on support for providers so they can stay in the regulated system? The question was asked whether research had been done looking at simultaneous regulatory or subsidy changes. Kilburn said that she knew of none but agreed funding relief could help minimize unintended consequences of regulations.

NEXT STEPS

Participants were asked to provide their feedback on next steps. Many favored another series of meetings each of which would focus on some specific issues, using definitions of terms such as quality, problems of assessment, the relationship between state and federal funding requirements, and the inclusion of families in policy decisions regarding early childhood education.

Many participants voiced the need for early childhood experts to define more precisely what is meant by such terms as quality and outcomes. After those definitions are established, many suggested that goals and desired outcomes should be identified at the national, state, and program levels. In addition, many felt that a common set of outcome indicators should be developed at the national level that could be used by all states. Research must also continue after the performance measures are in place to determine whether the standards and measures are appropriate to various community needs and to suggest improvements when policies and programs are not working well. (See Chapter 4 for a discussion of a variety of efforts at the national, state, and local levels.)

Workshop participants agreed that important studies have been completed, but they urged a sustained focus on those problems and questions of greatest interest to practitioners and policy makers. Overall, participants expressed a need for researchers to work in closer partnership with the program staff and to disseminate information in a manner that can be easily understood by practitioners. Many said that funding was needed for every state to conduct research about quality in early childhood education. In the area of specific research needs, participants said that more research is needed on assessment tools for school readiness. They also suggested that more research is needed to understand why some parents are not accessing subsidies for which they appear eligible. Further research is also needed on the cost of high-quality care.

Some participants also felt that there were inconsistencies in the ways in which funding is allocated and suggested that policy makers at the federal level help those at the state level to better understand the available funding sources. Similarly, a lack of coordination among the measurement requirements of different funding sources was seen as a hurdle to understanding and implementing performance measures. There was also concern that policy makers make sure that laws intended to aid low-income families

are consistent with those aimed at reforming welfare in relation to early childhood programs.

At the program level, several participants requested that federal and state governments provide more funding for training of providers of care to infants and toddlers. In fact, many participants felt that significant support was needed to build a workforce in early childhood education who could translate research findings to the program level, act as technical assistance advisors, and design and implement research initiatives that inform the field, programs, parents, and policy makers.

CONCLUDING THOUGHTS

In the words of Martha Zaslow, of Child Trends, Inc., several areas of differences—or dialectics—about performance measures emerged at the workshops. Concerns about the purpose of performance measures arose throughout the workshops—the tension between information for accountability and information to improve services. The former implies sanctioning—funds are withheld if performance measures are not met; the latter, some participants felt, reflect the drive to make programs better.

Which level is most appropriate for developing performance measures also was an issue for debate. Many participants stressed that the vision and goals must emerge at the local or program level. On the other hand, there is a need for measures and indicators that have broad geographic applicability.

Differences also emerged on who should supply information—parents, program providers, or the children themselves? Most notably, participants differed about whether to emphasize careful delineation of child outcomes and expectations in child care or to focus on delivery of programs and services. Throughout, participants were keenly aware of the difficulties of attributing child outcomes to child care given the diversity of settings children are in and all the other influences on their lives.

In sum, developing performance measures entails what many saw as an arduous process of consensus-building on all these issues and on the challenges of identifying and aggregating reliable data. These workshops provided a step in this necessarily long-term process, and much more remains to be done.

3

Lessons Learned from Other Policy Domains

The workshops provided an opportunity to learn from experience with performance measures in other domains of public policy. Some faced challenges similar to those confronting the early childhood care and education field, even though specific solutions may not be directly applicable. This chapter provides highlights of presentations by representatives from the Maternal and Child Health Bureau, the Family and Youth Services Bureau, and the National Governors Association.

MATERNAL AND CHILD HEALTH BUREAU

At the federal level, the Maternal and Child Health Bureau (MCHB) is charged with the primary responsibility for promoting and improving the health of the nation's mothers and children. Part of the Health Resources and Services Administration of the Public Health Service of the U.S. Department of Health and Human Services, MCHB administers Title V of the Social Security Act, enacted by Congress in 1935. Title V is the oldest existing federal-state partnership, providing funds through the Maternal and Child Health Block Grant as well as through other programs. To measure effectiveness, MCHB necessarily had to assess the individual states' maternal and child health programs as a gauge of the Title V program nationally.

MCHB built its performance measurement system over a two-year period, said Gary Carpenter of the MCHB Division of State and Commu-

nity Health. It created a committee involving representatives from the State Maternal and Child Health and Children with Special Health Care Needs programs; academics in both public health and maternal and child health; staff of the National Governors Association; staff of the National Association of Maternal and Child Health programs; and staff of the Health Resources and Services Administration. This diverse and sizeable team determined a set of core performance measures states could use to show the progress of their maternal and child health programs.

The MCHB committee initially struggled over whether to start the process from the top down by setting national goals and then arraying state performance measures under them, or to start from the bottom up by amassing examples of performance measures from state maternal and child health programs as well as from academia, professional associations, and institutions and then developing national goals that reflected those measures.

Taking the latter approach, the committee collected maternal and child health measures and organized them by populations served, availability of data, and consistency of measures. The initial list of measures approached 300, with duplication as well as gaps. Next, the committee set criteria for paring down the list and filling in gaps, including the ability of the states to measure changes in the maternal and child health programs and the availability of desired data. Through its Office of State and Community Health, MCHB took the lead in guiding the committee to select a final set of 18 national performance measures that went into the new guidance to states.

One year after the committee began its work, draft measures were presented to all state maternal and child health directors for their review and comment. Once state comments were collected, a single document was compiled that outlined the process for capturing the data required by the Title V legislation, incorporated the revised performance measures, and allowed the states the flexibility to add their own performance measures based on their perceived needs. When the first draft was completed, 17 states volunteered to pilot test the new procedures.

During the pilot test, MCHB guided development of an electronic reporting system to allow the states to submit their applications and annual reports and to capture all the quantitative data necessary for performance measurement as well as qualitative programmatic information. All 59 jurisdictions in the program received intensive training in the new procedures. The guidelines and database on the MCHB block grant program has become a useful tool for a number of audiences including Congress, the

Department of Health and Human Services, states, and communities. (For more information, please contact <www.mchb.hrsa.gov/>.)

FAMILY AND YOUTH SERVICES BUREAU

The Family and Youth Services Bureau (FYSB) is an agency within the Administration on Children, Youth, and Families of the U.S. Department of Health and Human Services. FYSB helps individuals and organizations provide comprehensive services for youth in at-risk situations, as well as for their families. The primary goals of FYSB programs are to provide positive activities for youth, to ensure their safety, and to maximize their potential to take advantage of available opportunities.

Currently, FYSB primarily administers three programs. The Basic Center Program provides emergency shelter for youngsters who have run away from home, often from situations of abuse or neglect, with the aim of reuniting youngsters with their families within three to five days when possible. The Transitional Living Program for Homeless Youth offers housing and a range of services including job training, counseling, and life-skills training to homeless youth between the ages of 16 and 21. The Street Outreach Program for Runaway and Homeless Youth establishes and builds relationships between staff of local youth service providers and street youth to help young people leave the streets. Local grantee programs provide a range of services directly or through collaboration with other agencies, specifically those working to protect and treat young people who have been or who are at risk of being subjected to sexual abuse or exploitation.

According to Gilda Lambert, associate commissioner of FYSB, the FYSB began the process of establishing youth development performance measures in 1997. Because the types of organizations that receive FYSB funds vary widely in size and scope, developing measurements feasible for all represented a formidable task. FYSB chose to follow a human services model for performance measurements. Like MCHB, the Bureau first convened a technical advisory group of representatives from major youth-serving organizations, foundations, and federal agencies. After getting their advice, FYSB gathered information from a wide variety of sources, including children, parents, program providers, and grantees.

Out of that two-step process, FYSB drafted measures for its three programs. At the time of the workshop, next steps called for refining the draft measures and pilot testing them. As the maternal health experience showed, pilot testing allows for critical adaptation of measurement tools to estab-

lished systems for collecting information from grantees, and for carrying out the legally required monitoring.

Lambert noted that FYSB continued to wrestle with major issues raised throughout the workshops. One is determining how to balance desirable outcomes for young people with what programs actually offer so they can fairly be held accountable for specific outcomes. She emphasized the benefits of bringing youth-serving organizations into the performance measures development process to find common ground and to focus on positive youth development. (For more information, please contact <www.acf.dhhs.gov/programs/fysb/>.)

NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES

The National Governors Association (NGA) Center for Best Practices helps governors and their key policy staff develop and implement innovative solutions to governance and policy challenges facing them in their states. The center works extensively in the areas of welfare, welfare to work, juvenile crime, and early childhood education and has developed performance measurements that correspond to these programs.

Evelyn Ganzglass, Director of Employment and Social Services Policy Studies at NGA's Center for Best Practices, presented information about the organization's work in performance standards and measurement. She noted that the organization is partnering with federal agencies in developing the performance measurement system for the Personal Work and Responsibility Act. Performance measures are a management tool for use at the system, program, and individual provider level to improve the performance of the system. Thus, they need to be clear and understandable and to reflect the mission of the system, the program, the provider, and the institution that delivers the services—much easier to say than to do.

In the case of the workforce development system, for example, many of the programs are state funded and services—which include employment and training programs, adult education, and vocational education at the postsecondary level—are delivered by a wide array of agencies in a number of settings. Reconciling accountability for the vocational education component, which is linked to education reform, into the main objective of workforce development has proved challenging. Many providers also are responsible to a variety of social service systems and must report on different measures, some of which are incompatible or are in conflict. This situa-

tion is analogous in some respects to the challenges faced by child care and early childhood services, which encompass objectives such as care and supervision, school readiness, and aspects of the workforce and welfare-to-work system.

Ganzglass said she saw a clear shift away from process measures and standards to outcome measures, but clearly both exist and they need to coexist. In the workforce development system, lessons from the private sector on continuous improvement are being studied. Performance measures drive behavior so it is important to articulate measures and to set a time for starting the system so that data collection systems can be put in place. Performance standards are most effective in influencing performance if there are consequences, she noted. In vocational education, some states were not willing to take action for poor performance at the local level. Once incentives were put into place, however, much more attention was paid to the quality of the data and to the performance standards themselves. Under the 1998 Workforce Investment Act (P.L. 105-220), performance bonuses actually bring together three separate programs to improve performance across the system. She pointed out that performance measures that are feasible in a block grant program are going to be very different than what's appropriate in, for example, Head Start where there is much closer reporting and accountability. (See Chapter 4 for a discussion of Head Start performance standards.)

In sum, lessons from other policy domains suggest three points on which to focus. First, involve stakeholders from beginning to end. Second, set a date for implementation and start measuring, fine-tuning over a period of time. Third, assign a strong decision maker to lead the effort.

4

Current Efforts to Establish Measures and Indicators

Existing efforts to establish performance standards and measures for child care at the national, state, and community levels provided an important background for workshop discussions. This chapter briefly describes the experience of the Head Start program as well as early research findings on Early Head Start. It also looks at efforts to develop national indicators, specifically the Annie E. Casey Kids Count program.

HEAD START PERFORMANCE STANDARDS AND MEASURES

The Head Start program is structured to provide funds directly to local communities, mostly to nonprofit organizations. Louisa Tarullo, of the Commissioner's Office of Research and Evaluation in the Administration on Children, Youth, and Families, noted that Head Start is a "two-generation program in that it seeks to enhance children's growth and development and strengthen families as primary nurturers of their children."

Head Start first developed program standards in the mid-1970s, and they have evolved over time to reflect the best knowledge from research and practice on quality and program implementation. In developing standards, Head Start took a comprehensive view of appropriate outcomes, which Tarullo said were closely linked to the assessment principles set forth in the National Education Goals Panel report (see Chapter 2). According to Tom Schultz of the Head Start Bureau, the 1993 report of the Advisory Com-

mittee on Head Start Quality and Expansion called for revising the performance standards and developing a set of Head Start performance measures. The list of individual standards is long, but examples of the types of standards include the requirement that each local Head Start program develop a curriculum that fosters seven broad aims of child development and school readiness. Another type of standard would be the requirement of comprehensive health screening and immunizations and providing preventive and health services children need. The standards also require that parents and community representatives be heavily engaged in the decision-making process about program planning. (For more information on the Head Start Performance Standards and Measures, contact <www2.acf.dhhs.gov/programs/hsb/>.)

Monitoring of Head Start

The program sends monitoring teams to Head Start sites at least once during a three-year cycle. These teams address with some consistency how sites are interpreting the standards and the evidence available that they are meeting them. The Bureau has created standardized procedures and instruments for conducting focus groups with parents, governing board members, and staff. A sample of children and families is also tracked to document through interviews and observations the services they've received. The monitoring teams brief the Head Start grantees and provide a written report on findings and recommendations. The grantee then responds to those findings and institutes a process to rectify deficiencies. If that process is not successful, funding can be terminated to the grantee and transferred to another community agency, based on a competitive process. At the time of the workshop, Schultz noted, more than 100 grantees had been terminated through this monitoring.

Commenting on the challenges of the effort in a program on the scale of Head Start, Schultz said these paled in comparison to imagining a system for the entire universe of child care providers. On the other hand, as participants noted, the structure of the Head Start program has continually evolved with greater movement toward gauging performance and quality. Workshop participant Helen Raikes, formerly with the Administration on Children, Youth, and Families and then with the Gallup Organization, pointed out that in programs such as Head Start, focusing on performance measures and providing staff training, monitoring, and assessment has provided an important impetus for enhancing quality.

Tarullo also highlighted findings from the Head Start Family and Child Experiences survey, which collects data from a nationally representative sample from the point of program entry to provide a baseline for gauging children's progress over time. Data are collected from multiple sources: teachers, parents, observation, and directed assessment of children. The survey relied upon available measures such as the Early Childhood Environmental Rating Scale (ECERS), although Tarullo noted the continuing need for more culturally sensitive and linguistically appropriate data collection measures. Results indicated that no Head Start classrooms were below a minimal quality range on the ECER. Tarullo emphasized that this was seen as a threshold of quality, and Head Start focuses on continuous program improvement. Another finding of interest was the correlation between Head Start teachers' educational levels and the program's quality measures. The importance of parents' involvement also was clear. Looking at whether parents read to their children, for example, two-thirds of Head Start parents read to their child three times a week or more. This was linked to a higher vocabulary score for children at the end of a year. These scores were also bolstered in the classroom where richer teacher/child interactions were observed.

Early Head Start

Discussions at the workshop noted that variability in quality was particularly acute in infant/toddler care. The Early Head Start program was established for low-income pregnant women and families with infants and toddlers. It focuses on four cornerstones essential to quality programs: child development, family development, community building, and staff development. The program is accompanied by a major research effort to identify, develop, and apply measures of quality and outcomes for children and families. Tarullo told the workshop that Early Head Start outcomes were not explicitly different than those of Head Start. Using the Infant/Toddler Environmental Rating Scale, results were comparable to those found for Head Start on the ECERS scale. She noted that early indications suggested that Early Head Start has been able to narrow the range of variability in care and show a high quality. She stressed that implementation of these assessments were in the early stages at the time of the workshop, and different kids of objectives and instruments were likely to emerge as the Early Head Start Evaluation proceeds. (For more information on Early Head Start, please contact <www2.acf.dhhs.gov/programs/hsb/>.)

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The Administration on Children and Families works with state administrators, professional organizations, parents, and child care workers to identify elements of quality in early child care and appropriate measures. Under the Child Care and Development Block Grant (CCDBG), a minimum of 4 percent of funds must be used to improve the quality of child care and offer additional services to parents, such as resource and referral counseling regarding the selection of appropriate child care providers.

States have used these funds to provide training grants and loans to providers, to improve program monitoring, to enhance compensation for child care workers, and for other innovative programs. The overall goal is to improve the quality of child care services over time. Some examples of outcomes specified by the CCDBG are:

- Increase the number of child care facilities that are accredited by a nationally recognized early childhood development professional organization.
- Increase the number of states that reimburse at or above the 75th percentile of market rate for high-quality care.
- Increase the number of states that provide health services linkages with child care (i.e., immunization, screening, and Medicaid outreach).
- Increase the number of Head Start programs that partner with child care services to improve quality of care.

For more information, please contact <www.acf.dhhs.gov/programs/ccb/policy1>.

INDICATORS AND PERFORMANCE MEASURES

Workshop participants emphasized that broad indicators are also useful in efforts to develop performance measures and assure quality in child care. Among the characteristics of good indicators are the following (Moore, 1997):

- Indicators should have the same meaning in varied societal groups.
- Indicators should have the same meaning over time.
- Indicators should be developed not only at the national level but also at the state and local levels.

- Indicators should be collected that anticipate the future and provide baseline data for subsequent trends.
- Indicators should help track progress in meeting national goals for child well-being.

The Kids Count project of the Annie E. Casey Foundation is a national and state-by-state effort to track the status of children in the United States through a consistent set of state-level benchmarks. In its 1998 report, the *Kids Count Data Book* focused on child care. The report included findings related to the demand for child care, its costs, its availability, particularly for parents working nontraditional hours, and quality issues such as turnover rates, crowded or unsafe settings, lack of staff training.

Kids Count noted a pressing need for state-level benchmarks on such critical issues as equity of access to child care within a community across families of different income levels, the stability of child care within a community, and licensed capacity relative to the number of children in families at some designated income level, as well as indicators of the quality of child care. Information in these areas could guide strategic planning at the community and state levels, as well as help to inform policy makers and the public about the adequacy and effectiveness of investments in child care and early childhood services. However, with the exception of data on mothers' labor force participation and caregiver salaries, the Kids Count report was unable to document these issues with consistent state-level indicators (Annie E. Casey Foundation, 1998).

In another initiative, the National Governors Association surveyed all governors' offices to determine which states had in recent years established goals and indicators for improving the condition of young children and their families. In response, 41 states said they either had identified goals and measurable indicators or were in the process of doing so (National Governors Association, 1999). Of the measures mentioned in survey responses, several states included the Kids Count data elements and many included health indicators. Some states also cited measures of access to subsidies and access to training, measures of reductions in poverty, parent satisfaction surveys, and a number of mission goals. However, mission statements or goals sometimes lacked measurable indicators, and some indicators were without obvious measurements.

According to workshop presenter Helene Stebbins, National Governors Association, the responses pointed to the need to look at multiple indicators, to examine what resources are being put into programs and

what can really be expected from them. Another issue is whether the process should be voluntary or mandatory and which approach will have the greater impact on improving child care. She concluded by noting that the process is evolutionary. There are now good measures in the health and safety area and accountability for programs, through licensing, for example. As a whole, the early childhood community needs to start collecting new data as appropriate so that lack of data does not undermine development of important measures. For example, child care officials in Missouri decided that the percentage of family income going to out-of-pocket child care expenditures is an important measure, and they have begun efforts to acquire data on this. Regarding the goal of school readiness—how much child care improves the ability of children to learn and flourish—a number of states are doing a variety of assessments; as yet, Stebbins noted, consensus on appropriate measures is still elusive, but efforts to move closer to agreement are apparent.

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APPENDIX A

Workshop Agendas

CHILD CARE PERFORMANCE MEASURES
WORKSHOP AGENDA
SEPTEMBER 27-28, 1999

Getting to Positive Outcomes for Children in Child Care:
First Workshop on Child Care Performance Measures

Lecture Room
National Academy of Sciences
2101 Constitution Avenue, NW
Washington, DC 20418

Day One–September 27, 1999

8:00 AM **CONTINENTAL BREAKFAST**

8:30 **Welcome, Introductions, and Purpose of the Workshop**

Michele Kipke, Board on Children, Youth, and Families, National Research Council and Institute of Medicine
Deborah Phillips, Board on Children, Youth, and Families, National Research Council and Institute of Medicine
Frank Fuentes, Child Care Bureau, Agency for Children and Families, Washington, D.C.

GOAL: To address the current status of national and state efforts to assess the performance of child care and early childhood services, as well as lessons learned from efforts to establish performance measures in other domains of public policy

OBJECTIVES:

1. To critically assess current and emerging efforts to establish performance measures for child care and early childhood services
2. To examine performance measurement initiatives in other policy areas
3. To consider the current status of data sources necessary to the development of child care performance measures
4. To discuss the practical dimensions of advancing work in this area

9:00–9:10 **Link Between Child Care and Early Education Performance Measures**

Joan Lombardi, Bush Child Development Center, Yale University

9:10– 9:30 **Why Performance Measures for Child Care? What Do We Mean by Performance Measures—Child Performance Measures or Benchmarks or Indicators? Child Care for Whom?**

Sharon Lynn Kagan, Bush Child Development Center, Yale University

SESSION I **What Is The Current Status of National and State Efforts to Establish Performance Measures for Child Care and Child Care Policy?**

9:30–10:45

Charlotte Brantley, Child Care Bureau, Washington, D.C.
Helene Stebbins, National Governors Association, Washington, D.C.
Cheryl Mitchell, Agency of Human Services, Vermont
Helen Blank, Children's Defense Fund, Washington, D.C.

Moderator: **Martha Moorehouse**, Office of the Assistant Secretary for Planning and Evaluation, Washington, D.C.

10:45–11:05 OPEN DISCUSSION

11:05–11:15 BREAK

SESSION II Efforts and Challenges to Developing Child Care Performance Measures

11:15–12:30 At the State Level

Bobbie Weber, Lynn-Benton Community College, Oregon
Michele Piele, Enterprise Child Care, Chicago
Sara Watson, The Finance Project, Washington, D.C.

Moderator: **Joan Lombardi**, Bush Child Development Center, Yale University

12:30–1:00 LUNCH

1:00–2:10 **At the Program and Community Levels**

Jason Sachs, Massachusetts Department of Education, Malden, Massachusetts
Yasmina Vinci, National Association of Child Care Resource and Referral Agencies, Washington, D.C.
Marci Andrews, National Center for the Child Care Workforce, Washington, D.C.
Judith Jerald, Early Education Services, Brattleboro, Vermont

Moderator: **Martha Zaslow**, Child Trends, Inc., Washington, D.C.

2:10–2:20 **OPEN DISCUSSION**

SESSION III **Performance Measurement Considerations for Specific Populations**

2:20–2:40 **Minority Children**

Asa Hilliard, Department of Education Policy Studies, Georgia State University

2:40–3:00 **School-Aged Child Care**

Michelle Seligson, Center for Research on Women, Wellesley College

3:00–3:15 **BREAK**

3:15–4:15 **Children with Special Needs**

Lynette Aytch, Frank Porter Graham Center, University of North Carolina
Cindy Oser, Zero to Three: National Center for Infants, Toddlers and Families, Washington, D.C.
Mary Beth Bruder, Division of Child Care and Family Studies, University of Connecticut Health Center

4:15 **OPEN DISCUSSION**

5:00 **RECEPTION**

Day Two–September 28, 1999

8:30 AM **CONTINENTAL BREAKFAST**

SESSION I **Performance Measures for Which Outcomes—Challenges/Critical Elements Involved in Developing Child Care Performance Measures**

8:45–10:10

John Love, Mathematica Policy Research, Inc., Princeton, New Jersey
Fred Wulczyn, Chapin Hall Center for Children, University of Chicago
Louisa Tarullo, Commissioner's Office of Research and Evaluation, Administration on Children, Youth and Families, Washington, D.C.

Moderator: **Matthew Stagner**, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

10:10–10:20 BREAK

SESSION II **Standards of Evidence in Performance Measurement—Lessons Learned from Other Domains of Policy**

10:20 –11:45

Gary C. Carpenter, Division of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration, Rockville, Maryland
Gilda Lambert, Family, Youth Services Bureau, U.S. Department of Health and Human Services, Washington, D.C.
Phyllis Stubbs-Wynn, Infant and Child Health Branch, Maternal and Child Health Bureau, Health Resources and Services Administration, Rockville, Maryland
Evelyn Ganzglass, National Governors Association, Washington, D.C.
Helen Raikes, National Gallup Organization, Lincoln, Nebraska

Moderator: **Barbara Broman**, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

11:45–12:00 OPEN DISCUSSION

12:00–12:30 LUNCH

SESSION III Standards of Evidence in Performance Measurement—Indicators of Quality

12:30–1:30

Rebecca Kilburn, RAND Corporation, Santa Monica, California
Bruce Clary, Muskie School of Public Policy, University of Southern Maine
Thomas Schultz, Head Start Bureau, Administration on Children, Youth and Families, Washington, D.C.

Moderator: **Jeffrey J. Koshel**, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services

SESSION IV Data Sources and Potential Indicators—Current Efforts to Develop Child Care Indicators

1:30–2:45

William O'Hare, Annie E. Casey Foundation, Baltimore, Maryland
William Gormley, Public Policy Program, Georgetown University
Martha Zaslow, Child Trends, Inc., Washington, D.C.

Moderator: **Anne Witte**, Department of Economics, Wellesley College

2:45–3:00 OPEN DISCUSSION

3:00–3:10 BREAK

3:10-4:30 **Conclusions: Panel Discussion**

Bruce Clary, Muskie School of Public Policy, University of Southern Maine
Charlotte Brantley, Agency for Children and Families, Child Care Bureau
Joan Lombardi, Bush Child Development Center, Yale University
Martha Zaslow, Child Trends, Inc., Washington, D.C.
Lynette Aytch, Frank Porter Graham Center, University of North Carolina

Moderator: **Deborah Phillips**, Board on Children, Youth, and Families, National Research Council/Institute of Medicine

DISCUSSION POINTS:

1. What have we learned about the current status of national and state efforts to assess the performance of child care and early childhood services?
2. What lessons on how to establish performance measures can we adapt from other domains of public policy?
3. What should we focus on when addressing the challenges of establishing criteria for assessing the quality of child care services?

4:30–4:50 **OPEN DISCUSSION**

4:50 **Conclusions and Next Steps**

Michele Kipke, Board on Children, Youth, and Families, National Research Council and Institute of Medicine
Yonette Thomas, Commission on Behavioral and Social Sciences and Education, National Research Council

5:00 **ADJOURN**

CHILD CARE PERFORMANCE MEASURES
WORKSHOP AGENDA
FEBRUARY 28-29, 2000

Getting to Positive Outcomes for Children in Child Care:
Second Workshop on Child Care Performance Measures

Holiday Inn Georgetown, Mirage I & II
2101 Wisconsin Avenue
Washington, D.C.

Day One–February 28, 2000

8:30 AM **CONTINENTAL BREAKFAST**

9:00 **Welcome, Introductions, and Purpose of the Workshop**

Maxine Hayes, Board on Children, Youth, and Families
Michele Kipke, Board on Children, Youth, and Families

GOAL: The purpose of this meeting is to address the challenge of establishing criteria for assessing the quality of child care services and examine their implications for performance measures in child care.

Participants will be asked to discuss the content areas that research suggests should be included in such measures and consider the challenges involved in moving from conceptualizing performance measures for child care to an initiative focused on developing and implementing them.

9:15 **Perspectives from the Child Care Bureau**

Charlotte Brantley, Child Care Bureau

9:30 **Innovative State and Community Level Approaches to Delivering and Monitoring Quality Child Care**

Stephanie Fanjul, North Carolina Division of Child Development
Kathy Stegall, Arkansas Division of Child Care and Early Childhood Education
Deborah Montgomery, American Institutes for Research
Barbara Kamara, District of Columbia Office of Early Childhood Development
Judy Collins, National Child Care Information Center

Moderator: **Gwen Morgan**, Wheelock College

QUESTIONS FOR DISCUSSION:

1. What data do you currently collect? Why? Who uses these data? How are the data used?
2. What kinds of information do you need to know about the child, the family, the setting, and the system?
3. How do you use the data on each to ensure quality?
4. What is working and why?
5. What are the challenges and barriers?
6. What does it take to sustain what you are doing?

11:30 **GENERAL DISCUSSION/QUESTIONS AND ANSWERS**

12:00 PM **QUICK LUNCH**

1:00 **Challenges and Implications of Establishing Criteria for Assessing the Quality of Child Care Services**

Pauline Koch, National Association for Regulatory Administration
Thelma Harms, Frank Porter Graham Child Development Center
Karen McIntyre, Education Policy and Issues Center
Mimi Graham, Florida State University

Moderator: **Deborah Eaton**, National Association for Family Child Care

QUESTIONS FOR DISCUSSION:

1. What are the challenges?
2. Are there existing assessment mechanisms that can be utilized/incorporated?
3. Who should assess?
4. Who should be assessed?
5. Which content areas should be included in any assessment mechanism?
6. Discuss the connection between process and outcomes.

2:30 **GENERAL DISCUSSION/QUESTIONS AND ANSWERS**

3:00 **What Else Do We Need to Know?**

Stephanie Fanjul, North Carolina Division of Child Development
Karen McIntyre, Education Policy and Issues Center

GROUP ACTIVITY

Moderator: **Stacie Goffin**, Independent Consultant

4:30 **BREAK**

4:40 **SUMMARY—What Does This All Mean?**

Sharon Lynn Kagan, Yale University

5:00 **ADJOURN**

Day Two–Tuesday, February 29, 2000

9:00 AM **CONTINENTAL BREAKFAST**

9:30 **Bridging Research, Policy, and Practice**

Overview—**Clara Pratt**, Oregon State University

What Are the Challenges Involved in Moving from Conceptualizing Performance Measures to an Initiative Focused on Developing and Implementing Them?

David Blau, University of North Carolina, Chapel Hill
Richard Clifford, Frank Porter Graham Child Development Center
Gregg Powell, National Head Start Association
Deborah Montgomery, American Institutes for Research
Steve Bagnato, University of Pittsburgh

Moderator: **Clara Pratt**, Oregon State University

QUESTIONS FOR DISCUSSION:

1. Which outcomes should be targeted to facilitate change in the community norms for providing child care?
2. What are the strategies for achieving those outcomes?
3. What is the scope? Should all forms of child care be included? Different age groups?
4. What are all the other influences on the child that should be accounted for?
5. What are the strategies for engaging the child care field in this process?

11:00 **GENERAL DISCUSSION/QUESTIONS AND ANSWERS**

12:00 PM **QUICK LUNCH**

1:00 **Implications for the Field**

Policy—**Charlotte Brantley**, Child Care Bureau
Research and Practice—**Clara Pratt**, Oregon State University

Thoughts from the Group

Moderator: **Maxine Hayes**, Board on Children, Youth and Families

2:50 **Conclusions and Next Steps**

Michele Kipke, Board on Children, Youth, and Families, National Research Council and Institute of Medicine
Yonette Thomas, Commission on Behavioral and Social Sciences and Education, National Research Council

3:00 **ADJOURN**

APPENDIX B

Workshop Participants

Marci Andrews, National Center for the Child Care Workforce, Washington, DC

Lynette Aytch, Frank Porter Graham Child Development Center, University of North Carolina

Steve Bagnato, University of Pittsburgh

Helen Blank, Children's Defense Fund, Washington, DC

David Blau, Department of Economics, University of North Carolina, Chapel Hill

Charlotte Brantley, Child Care Bureau, Agency for Children and Families

Barbara Broman, Office of the Assistant Secretary for Planning and Evaluation

Mary Beth Bruder, Division of Child Care and Family Studies, University of Connecticut Health Center

Gary C. Carpenter, Division of State and Community Health, Maternal and Child Health Bureau, Health Resources and Services Administration

Bruce Clary, Muskie School of Public Policy, University of Southern Maine

Richard Clifford, Frank Porter Graham Child Development Center, University of North Carolina

Judy Collins, National Child Care Information Center, Vienna, Virginia

Deborah Eaton, National Association for Family Child Care, Des Moines, Iowa

Stephanie Fanjul, North Carolina Division of Child Development
Frank Fuentes, Child Care Bureau, Agency for Children and Families
Evelyn Ganzglass, National Governors Association, Washington, DC
Stacie Goffin, Independent Consultant, Leawood, Kansas
William Gormley, Public Policy Program, Georgetown University
Mimi Graham, Center for Prevention and Early Intervention Policy, Florida State University
Thelma Harms, Frank Porter Graham Child Development Center, University of North Carolina
Maxine Hayes, Washington State Department of Health
Asa Hilliard, Department of Education Policy Studies, Georgia State University
Judith Jerald, Early Education Services, Brattleboro, Vermont
Sharon Lynn Kagan, Bush Child Development Center, Yale University
Barbara Kamara, District of Columbia Office of Early Childhood Development
Rebecca Kilburn, RAND Corporation, Santa Monica, California
Pauline Koch, National Association for Regulatory Administration, St. Paul, Minnesota
Jeffrey J. Koshel, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Washington, DC
Gilda Lambert, Family, Youth Services Bureau, U.S. Department of Health and Human Services, Washington, DC
Joan Lombardi, Bush Child Development Center, Yale University
John Love, Mathematica Policy Research, Inc., Princeton, New Jersey
Karen McIntyre, Education Policy and Issues Center, Pittsburgh, Pennsylvania
Cheryl Mitchell, Agency of Human Services, Vermont
Deborah Montgomery, American Institutes for Research, Palo Alto, California
Martha Moorehouse, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
Gwen Morgan, Wheelock College, Boston, Massachusetts
William O'Hare, Annie E. Casey Foundation, Baltimore, Maryland
Cindy Oser, Zero to Three: National Center for Infants, Toddlers, and Families, Washington, DC
Michele Piele, Enterprise Child Care, Chicago
Gregg Powell, National Head Start Association, Lincoln, Nebraska

Clara Pratt, Oregon State University
Helen Raikes, National Gallup Organization, Lincoln, NE
Jason Sachs, Massachusetts Department of Education
Thomas Schultz, Agency for Children, Youth, and Families, Head Start Bureau
Michelle Seligson, Center for Research on Women, Wellesley College
Matthew Stagner, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
Helene Stebbins, National Governors Association, Washington, DC
Kathy Stegall, Arkansas Division of Child Care and Early Childhood Education
Phyllis Stubbs-Wynn, Infant and Child Health Branch, Maternal and Child Health Bureau, Rockville, Maryland
Louisa Tarullo, Office of Research and Evaluation, Head Start Bureau, Washington, DC
Yasmina Vinci, National Association of Child Care Resource and Referral Agencies, Washington, DC
Sara Watson, The Finance Project, Washington, DC
Bobbie Weber, Lynn-Benton College, Oregon
Anne Witte, Department of Economics, Wellesley College
Fred Wulczyn, Chapin Hall Center for Children, University of Chicago
Martha Zaslow, Child Trends, Inc. , Washington, DC

Michele Kipke, *Director*
Deborah Phillips, *Study Director*
Yonette Thomas, *Study Director*
Karen Autrey, *Senior Project Assistant*

BOARD ON CHILDREN, YOUTH, AND FAMILIES

The Board on Children, Youth, and Families was created in 1993 to provide a national focal point for authoritative, nonpartisan analysis of child, youth, and family issues relevant to policy decisions. Established under the joint aegis of the National Research Council and the Institute of Medicine, the Board is uniquely positioned to bring the collective knowledge and analytic tools of the behavioral, social, and health sciences to bear on the development of policies and programs for children, youth, and families. It does so primarily by establishing committees to synthesize, analyze, and evaluate research from scientific disciplines and make recommendations on issues of national importance. The Board also oversees shorter-term projects that examine time-sensitive issues.

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